

# GEORGIA FIREFIGHTER STANDARDS AND TRAINING COUNCIL

# FIREFIGHTER



## APPLICATION FOR FIREFIGHTER CERTIFICATION

O.C.G.A. 25-4-8 specifies that a person certified must complete the following criteria:

- (a) Be at least 18 years of age.
- (b) Not have been convicted of a felony in any jurisdiction within ten years prior to employment/appointment.
- (c) Have a good moral character as determined by investigation under procedure approved by the council.
- (d) Be fingerprinted and a search made of local, state, and national fingerprint files to disclose any criminal record.
- (e) Be in good physical condition as determined by a medical examination and successfully pass the minimum physical agility requirements as established by the council.
- (f) Possess or achieve within 12 months after employment/appointment a high school diploma or a general education development equivalency.
- (g) Complete the *Georgia Basic Firefighter Training Course* approved by the Council and verified by successful completion of the State Firefighter Certification Test.

This booklet is provided to help the applicant ensure that all of the above items have been met. To apply for certification complete each page and supply all supporting documents as shown. When completed, please send to Georgia Firefighter Standards and Training Council, 1000 Indian Springs Drive, Forsyth, Georgia 31029.

**DO NOT SUBMIT THIS BOOKLET UNTIL IT IS COMPLETE!**  
**Incomplete Booklets will be returned to the sender.**

## CHECK-OFF SHEET FOR COMPLETING THIS APPLICATION

### BE SURE ALL FORMS LISTED BELOW ARE INCLUDED IN YOUR APPLICATION BEFORE MAILING TO GFSTC

- ☐ Applicant information sheet (Page 2)
- ☐ Personal history release form (Page 3)
- ☐ Birth certificate (copy) (Page 4)
- ☐ GBI Fingerprint Results (Processed fingerprint card, notarized copy of processed fingerprint card, or digitalized results) (Page 5)
- ☐ FBI background check results (Civil Applicant Response form from FBI) (Page 5)
- ☐ Good moral character form (Page 6)
- ☐ Medical Affidavit (with signature) (Page 7)
- ☐ Physical agility form (Page 8)
- ☐ High school diploma or GED (copy) (Page 9)

*Please do NOT include ANY forms or certificates that are NOT requested! We only need what is listed above.*

## APPLICANT INFORMATION COMPLETED BY APPLICANT

1. 

<i>First Name</i>	<i>MI</i>	<i>Last Name</i>
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2. SSN

3. \_\_\_\_\_ Career \_\_\_ Volunteer \_\_\_ Part-time \_\_\_  
*Employing Fire Department*

4. \_\_\_\_\_  
Date of Employment/Appointment

**5. Have you been previously certified as a Georgia full-time career firefighter? Yes\_\_\_ No\_\_\_**

**If yes, list your Georgia State Certification number** \_\_\_\_\_

Department where state certified \_\_\_\_\_

6. Date *Georgia State Firefighter Certification Test* completed \_\_\_\_\_

**Note: The *Georgia Basic Firefighter Training Course, or accepted equivalent*, is only valid if completed within 60 months of the submission date of this application**

O.C.G.A. - 16-10-20 A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.

I attest and affirm that I have reviewed this application and the information supplied is true to the best of my knowledge.

PRINT Name of Chief or Designee

PRINT Name of Firefighter

\_\_\_\_\_  
Signature of Chief or Designee

Signature of Firefighter

## PERSONAL HISTORY RELEASE

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Firefighter Standards and Training Council.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, medical treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans Administration, employment and pre-employment records including background reports.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Georgia Firefighter Standards and Training Council. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

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Signature

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Date

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Address

---

Phone Number

---

City, State, Zip

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Social Security Number

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Date of Birth

---

Notary Public

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Date

I understand that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Firefighter Standards and Training Council.

## **ATTACH BIRTH CERTIFICATE HERE**

O.C.G.A. 25-4-8 (a) (1) requires that any person certified as a firefighter be at least 18 years old. Supplying a copy of a birth certificate may satisfy this requirement.

In lieu of a birth certificate, attach a valid Georgia Driver's License PLUS one or more of the following documents that include the full name of the applicant:

- a. Baptismal record
- b. Draft card
- c. Court records
- d. Passport
- e. Citizenship papers
- f. Armed forces discharge papers (DD214)
- g. Certified copy of school records

## **ATTACH PROCESSED FINGERPRINT CARD RESULTS**

**(One from the Georgia Bureau of Investigation (GBI) and one from the Federal Bureau of Investigation (FBI).)**

O.C.G.A. 25-4-8 (a) (4) requires that any person certified as a firefighter to be fingerprinted and a search made of local, state, and national fingerprint files to disclose any criminal record. O.C.G.A. 25-4-8 (a) (2) specifies that a candidate may not be certified as a firefighter if they have been convicted of a felony within 10 years. (There are certain exceptions to this provision. See O.C.G.A. 25-4-8 for additional information.)

The original criminal history search results and/or fingerprint cards are preferred; however, a copy of the results will be accepted provided they have been notarized to be a true and exact copy of the original.

**Criminal history results older than eighteen months will not be accepted.**

## VERIFICATION OF GOOD MORAL CHARACTER

O.C.G.A. 25-4-8(a)(3) requires that any person certified as a firefighter to be of good moral character as determined by an investigation. This is accomplished by an investigation of the criminal history of the candidate to verify that there is no recent pattern of convictions of crimes involving stealing, cheating, lying or some other that may indicate less than good moral character. Having an official from the fire department complete the following statement may satisfy this requirement.

Through an investigation as described above, I have determined that

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Candidate's Name

is of good moral character.

Signature

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Chief or Designee

Date

**MEDICAL AFFIDAVIT**  
**MUST USE THIS FORM**

O.C.G.A. 25-4-8(a)(5) requires that any person certified as a firefighter be in good physical condition as determined by a medical exam. The examining physician, physician assistant, or nurse operating under a physician's authority should complete this form.

O.C.G.A. 25-4-31(a) requires that any person assigned as an airport firefighter at any airport shall, as a minimum, meet the minimum physical fitness requirements as approved by the Georgia Firefighter Standards and Training Council.

Note to medical personnel:

This applicant, if certified, will have met the medical prerequisites necessary to gain employment or appointment at any fire department in the state of Georgia, including but not limited to the current department of which he/she is a member.

Firefighters are charged with the responsibilities of mitigating a variety of emergency and non-emergency situations where life, property, or the environment is at risk. Firefighters may be required to work under extremely harsh environmental conditions requiring them to wear cumbersome protective clothing and equipment while performing strenuous physical activities. They may be required to perform rescue work and/or provide emergency medical treatment to individuals suffering from medical or traumatic emergencies. While performing or participating in these operations firefighters may be required to make decisions that could have serious consequences to life and property.

\_\_\_\_\_ is applying to  
become a certified firefighter. I have examined \_\_\_\_\_  
and to the best of my knowledge this person is in good physical condition.

\_\_\_\_\_  
Physician, Physician Assistant, Nurse (operating under a physician's authority) Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date



## PHYSICAL AGILITY TEST COMPLETED

O.C.G.A. 25-4-8(a)(5) requires that any person certified as a firefighter complete a physical agility test as approved by the Council. The Physical Agility Test approved by the Georgia Firefighter Standards and Training Council (GFSTC) is the six-task test known as *The Georgia Certified Firefighters Physical Agility Test*. In lieu of the state approved test, a local test reviewed and accepted by GFSTC may be used.

Having an official from the fire department complete the following may satisfy this requirement:

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Candidate's Name

has successfully completed *The Georgia Certified Firefighters Physical Agility Test* or the following accepted test \_\_\_\_\_

**Name of Official verifying  
completion of Physical Agility Test** \_\_\_\_\_

**Signature of Official verifying  
completion of Physical Agility Test** \_\_\_\_\_

**Date test was successfully completed** \_\_\_\_\_ **Time to Complete test** \_\_\_\_\_

## **ATTACH HIGH SCHOOL DIPLOMA OR STATE ISSUED GED HERE**

O.C.G.A. 25-4-8 (a)(6) requires that any person certified as a firefighter to have a high school diploma or a General Education Development (GED) diploma. Providing one of the following may satisfy this requirement:

- a. High school diploma (copy)
- b. College diploma (copy)
- c. Certified high school transcript showing high school graduation  
(A copy of a high school transcript will be accepted provided it has been notarized to be a true and exact copy of the original.)
- d. Certified college transcript showing high school graduation  
(A copy of a college transcript will be accepted provided it has been notarized to be a true and exact copy of the original.)
- e. General educational development diploma (GED) (copy)

GED must be awarded by a state. United States Armed Forces Institute (USAFI) must be converted to a state awarded certificate. In order to convert the USAFI to a state awarded certificate the candidate must correspond with:

Georgia Department of Technical and Adult Education  
Office of Adult Literacy/GED Testing Services  
1800 Century Place, Suite 555  
Atlanta, Georgia 30345